

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Maria Cristina Geroni, et al.**

Docket No.

17703

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/500,606	May 5, 2005	Walter E. Webb	23389	1612	4724

Invention:

COMBINED THERAPY AGAINST TUMORS COMPRISING SUBSTITUTED ACRYLOYL DISTAMYCIN DERIVATIVES AND PROTEIN KINASE (SERINE/THREONINE KINASE) INHIBITORS**COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

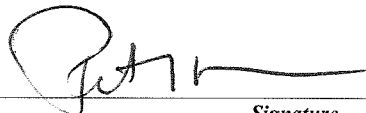
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	27 =	0	x \$52.00	\$0.00
INDEP. CLAIMS	4 -	6 =	0	x \$220.00	\$0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-1013/SSMP**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

*Signature*Dated: **September 9, 2009**

Peter I. Bernstein
Registration No. 43,497
Scully, Scott, Murphy & Presser, P.C.
400 Garden City Plaza, Suite 300
Garden City, New York 11530
(516) 742-4343

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

PIB:dk

CC: